

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>192</u>	
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>652</u>	
Town of <u>Globe</u>		Local Registrar's No. _____			
or City of _____		(No. _____ St. _____ Ward _____)			
FULL NAME OF CHILD <u>Martha Louise Cox.</u>				Born <input checked="" type="checkbox"/> YES Alive <input checked="" type="checkbox"/> <del>NO</del>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.					
Sex of child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>11</u> <u>22</u> <u>1919</u> (Month) (Day) (Yr.)
Full name of FATHER <u>Lonnie D. Cox.</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>39</u> (Years) Birthplace <u>Kentucky,</u> Occupation <u>Moterman.</u>			Full Maiden Name of MOTHER <u>Jennie Bennett</u> Residence <u>Globe.</u> Color or Race <u>White</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Kentucky.</u> Occupation <u>Housewife.</u>		
Number of children of this mother... <u>3</u>		Number of children, of this mother, now living... <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

by certify that I attended the birth of above child; and that it occurred on 11/22, 1919, at 4:30 P.

When there is no attending physician or midwife, then the householder should make this return.

(Signature) G. E. Wightman  
(Attending physician, midwife, householder.)\*

Address Globe, Arizona.

Personal report 1919

Filed 11/24 1919 B. J. J. at LOCAL REGISTRAR.

437-1122-123  
COUNTY REGISTRAR.

Filed 12/3 1919 A True Copy B. J. J. at COUNTY REGISTRAR.